

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4	1						54						
5		2					55						
6		6					56						
7		8					57						
8		8					58						
9	0	1					59						
10	1	0					60						
11	5	9					61						
12	1	3					62						
13	3	1					63						
14	1	3					64						
15	3	1					65						
16	1	3					66						
17	3	1					67						
18	3	1					68						
19	3	1					69						
20	1						70						
21		1					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26	1						76						
27		1					77						
28	1						78						
29		1					79						
30	1						80						
31	1	1					81						
32		1					82						
33	1						83						
34		1					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	32		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	34						TOTAL CLAIMS						

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